

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	N/R		03/29/01
O.I.P.E. CLASSIFIER		19	4/9/01
FORMALITY REVIEW	WM	869	05-19-01
RESPONSE FORMALITY REVIEW	CM	870	9/10/01

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral)... Canceled  
 + ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	Original
1	1/1/01
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11	1/8/01
12	1/8/01
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14	1/3/01
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16	1/3/01
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18	1/3/01
19	1/3/01
20	1/3/01
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Claim	Date
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Claim	Date
Final	Original
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If more than 150 claims or 10 actions  
staple additional sheet here

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